

DIABETES YOUTH FOUNDATION OF INDIANA

CAMP HEALTH FORM

PART A: HEALTH HISTORY

Completed by Parent/Guardian

mper's Full Name:			//
**If tetanus	Please attach copy of immudate is not available, medical perso	ninister	
CURRENT & PAST MEDICAL H	ISTORY: CIRCLE ALL THAT APPL		
Recent illness or infectious disease Asthma Frequent Ear Infections Seizure Disorder Heart Defect or Disease Hypertension Eczema Please give more information on a	Bleeding/Clotting Disorder Mononucleosis (in last 3 months) Joint Problems (knees, ankles) ADHD or ADD Fractures Frequent Headaches ny circled items:	Head Injury/Concussion Eating Disorder Diarrhea or Constipation Recent Hospitalization Sleep Walking Bed Wetting	Depression or Anxiety Autism Celiac Disease Hypothyroidism Hyperthyroidism Hearing Impairment Other (Note Below)
	e a auto injector? YES NO		
DAILY MEDICATIONS (OTHER			
Medication Name	Reason for Taking	Dose	Administration Time

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PART B: PRE-PARTICIPATION PHYSICAL

Completed by Primary Care Provider

Camper's Full Name		[ate of Birth	/ /	
Date of Physical	l: (N	(Must be within last 12 months)			
Height (in.):	Weight (lbs.):		/ BP:/		
Normal A	Abnormal	Please explai	n any abnormalities:		
LUNGS					
HEART					
ABDOMEN					
MUSCULOSKELETAL	-				
NEUROLOGICAL	-				
SKIN OTHER	-				
OTHER					
Does patient have a history of asthma?	YES NO	lf yes, plea	se attach current Asthm	าล Action Plan	
Does patient have a history of allergies r	requiring epinephrine?	NO YE	S (Please explain)		
I have reviewed and agree with Part A: Health History? NO		NO YI	YES (with the following exceptions/additions:)		
Are there any medical restrictions to par	rticipation at camp?	NO YI	ES (Please explain)		
During the child's stay at camp, his/her dia endocrinologist, however if you have any					
I approve of this child attending Camp U	Intil a Cure. YES	NO			
Provider Signature:			Completed forms si into your camper's		
Provider's Printed Name:			Alternatively, you	·	
Address:			DYFlemily@ or Faxed to: 3 or Maile	gmail.com 17-877-1846 ed to:	
Phone: Fax	:		DYFI, 5050 E Noblesville		

This form must be completed and returned for camper acceptance.